

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36445

State File No.

30

FILED NOV 18 1955

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. _____

No. 300
10-48
350
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY OR TOWN <u>Hornersville</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>Hornersville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M.V. Shaw residence</u>			e. STREET ADDRESS (If rural, give location) <u>0350</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Vanmeter</u> c. (Last) <u>Shaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1889</u>		9. AGE (In years last birthday) <u>66</u> 0 <u>3</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hornersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Warren Shaw</u>		13b. MOTHER'S MARDEN NAME <u>Harriet (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Sohnnie Justice Shaw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>yes</u> (If yes, give year or date of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>490-14-3907</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sohnnie Shaw</u> ADDRESS <u>Hornersville, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4300</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>11/2</u> , 19 <u>55</u> , and that death occurred at <u>5 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R J Polush</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Hornersville, Mo</u>		23c. DATE SIGNED <u>11/5/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brannum Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-6-55</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinsolving</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - Leachville Ark.</u> ADDRESS		

Simon

RECEIVED DUNKLIN COUNTY

DEPARTMENT *11-14-8*

COUNTY FILE NUMBER *1153*

NOV 21 1981 T. B. ADAM

NOV 21 1981

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *H. H. Howard*

Licensed Embalmer No. *3959*

P. O. Address *Leachville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.